

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10619269

FILING DATE 07-17-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12	1					
13		1				
14		1				
15	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	18					
TOTAL CLAIMS	22					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						